

BUGEMA UNIVERSITY

OFFICE OF THE REGISTRAR

REGISTRATION FORM FOR NEW STUDENTS

Attach
Passport
Photograph
(colored)

Please use block/capitals when completing this form.

1. LAST (SUR) NAME: _____ FIRSTNAME: _____

MIDDLE NAME: _____ GENDER: _____

NATIONAL ID NUMBER: _____ PASSPORT NUMBER: _____

2. PERMANENT HOME ADDRESS: _____

HOME TOWN: _____ HOME DISTRICT: _____

TEL. NO. _____ FAX: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: DATE: _____ MONTH: _____ YEAR: _____

3. RELIGIOUS AFFILIATION (e.g SDA, Cath., Angl. e.t.c) specify: _____

4. NATIONALITY: _____ CITIZENSHIP: _____

5. COURSE ADMITTED FOR: _____

6. FIRST REGISTRATION: _____ Expected Year of graduation _____

7. MARITAL STATUS: _____ SPOUSE NAME: _____

8. NAME OF THE PARENT/GUARDIAN: _____

HOME ADDRESS OF PARENT/GAURDIAN: _____

HOME TOWN: _____ HOME DISTRICT: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

9. IN CASE OF ANYTHING WHOM SHOULD WE CONTACT

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

RELATIONSHIP: _____

10. HOW DID YOU KNOW ABOUT BUGEMA UNIVERSITY? (TICK)

MEDIA: __ BROCHURES/CALENDARS: __ PASTOR: __ WEBSITE: __ STUDENT: __

IF A STUDENT, Name the Student if at Bugema University _____

I hereby certify that all the information given on this form is correct and promise to fulfill all the registration requirements.

Name: _____ Signature: _____ Date _____